

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS503S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/24/2009
NAME OF PROVIDER OR SUPPLIER DELMAR GARDENS OF GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 DELMAR GARDENS DRIVE HENDERSON, NV 89014		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation initiated in your facility on July 14, 2009 and finalized on July 24, 2009, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00021925 was substantiated with deficiencies cited. See Tags Z 230 and Z 310. Complaint #NV00021891 was unsubstantiated. Complaint #NV00022405 was substantiated in part with a deficiency cited. See Tag Z 230. Complaint #NV00021948 was unsubstantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	Z 000		
Z230 SS=G	NAC 449.74469 Standards of Care A facility for skilled nursing shall provide to each patient in the facility the services and treatment that are necessary to attain and maintain the patient's highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment conducted pursuant to NAC 449.74433 and the plan of care developed pursuant to NAC 449.74439. This Regulation is not met as evidenced by: Based on record review and interview the facility failed to ensure a resident's change in condition was fully assessed and monitored in order to make the appropriate clinical decisions for the provision of physical therapy and further care for 1 of 4 residents (Resident #1) and failed to have	Z230		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z230	<p>Continued From page 1</p> <p>evidence that 1 of 4 residents was monitored following a change of condition (Resident #3).</p> <p>Findings include:</p> <p>Resident #1 was admitted to the facility on 4/1/09, for rehabilitation. Her diagnoses included diabetes, debility, osteoporosis, and status post pathological fractures of the vertebrae. She was transferred to an acute care facility on 4/10/09 for unresponsiveness.</p> <p>Review of the nurse's notes for 4/10/09, revealed that, at midnight, Resident #1 was sleeping and no distress was noted. At 3:00 AM on 4/10/09, the notes indicated that the resident was medicated with Percocet for complaints of generalized pain. At 7:45 AM the nurse noted that the resident was shivering and her temperature was 103 degrees. At 8:00 AM the resident's physician was paged and orders were received for blood cultures, a chest X-ray, and a urinalysis with culture and sensitivity. At 8:20 AM Tylenol was given and at 9:00 AM her temperature was documented at 100 degrees. At 1:00 PM her temperature was noted at 98.8 degrees. Review of the nurses notes failed to reveal a physical assessment other than the resident's temperature and observation of shivering at 7:45 AM. No documentation was found related to an assessment in regard to the resident going to physical therapy. The record failed to reveal evidence that the resident's family was notified of the resident's change in condition.</p> <p>Review of the therapy documentation revealed that Resident #1 had therapeutic exercise for ten minutes and electrical stimulation for 30 minutes on 4/10/09. The time of therapy was not documented; the resident's condition or tolerance</p>	Z230			

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Z230	<p>Continued From page 2</p> <p>to therapy was not documented. A discharge summary from physical therapy dated 4/13/09, noted the resident became ill on 4/10/09, and was admitted to the hospital and discharged from physical therapy.</p> <p>A note at 3:00 PM on 4/10/09 by a second nurse, documented that Resident #1 was lethargic and unable to take fluids by mouth. In a 5:00 PM note it was documented that the physician was called and an order for Levaquin, an antibiotic was received. A 6:00 PM note indicated that the resident's daughter called the resident's physician and requested the resident be sent to the hospital. The physician gave the nurse an order to transfer the resident. The notes indicated that the resident was transferred by ambulance at 7:10 PM on 4/10/09. The record failed to have evidence the resident's vital signs were obtained or a physical assessment by a nurse was done after 1:00 PM on 4/10/09.</p> <p>Review of a laboratory report revealed that a specimen for blood cultures was collected at 12:10 PM on 4/10/09.</p> <p>An interview with the therapist on 7/14/09 at 11:05 AM revealed that the therapist did not remember if Resident #1 was ill during therapy or if any of the resident's family was present. The therapist did state that the resident's ability and tolerance had been up and down all week. He had talked to the nurse in the morning, found out about her elevated temperature, and came back after lunch to take her to therapy. Light activities were done.</p> <p>An interview with the nurse who wrote the notes from 7:45 AM to 1:00 PM on 4/10/09, was conducted on 7/14/09 at 11:15 AM. He did not</p>	Z230			

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Z230	<p>Continued From page 3</p> <p>remember if family was at the facility on 4/10/09 and he did not call the family with the resident's change of condition. The nurse stated that he would not have let the resident go to physical therapy if she was sick. He stated the family asked the afternoon shift to send Resident #1 to the hospital.</p> <p>A telephone interview with the resident's son-in-law on 7/15/09 at 8:30 AM, revealed that he arrived at the facility to visit Resident #1 at approximately 1:30 PM. He found her in physically therapy leaning over in her wheelchair. Electrodes were on her back. The therapy tech did not know if the resident had eaten and did not know about her vital signs, but indicated that the resident did not feel good. He stated that his wife (resident's daughter) was going to visit later. The resident was wheeled back to her room and a nurse came in to take the resident's vital signs. The nurse would not tell him what the vital signs were and another nurse came in. The resident's son-in-law asked the second nurse if the resident had eaten or gone to the bathroom, but the nurse did not give an answer. The second nurse took the resident's vital signs and stated that they were not good. He could not remember the details, but called his wife (resident's daughter) to advise her of the resident's condition.</p> <p>A telephone interview with the resident's daughter on 7/15/09 at 8:40 AM, revealed that she had arrived at the facility at about 4:00 PM on 4/10/09. The resident's physician had left her a message and she called him back about 4:00 PM. She stated that the resident's physician called the paramedics to have the resident transferred to the hospital.</p> <p>Review of the emergency transport record</p>	Z230			

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Z230	Continued From page 4 revealed that the resident's initial blood pressure was 70/46 at 7:12 PM. Review of the hospital records revealed that the resident presented to the Emergency Department on 4/10/09. Her temperature was 100.9 degrees, blood pressure was 116/61, respirations were 18, and pulse was 137 upon admission. She was on oxygen at four liters per minute. The Emergency Department physician's clinical impression was urinary tract infection, right lower lobe pneumonia, sepsis, altered mental status, fever, atrial fibrillation rapid ventricular rate, elevated troponin, and renal insufficiency. The resident was admitted to the Intermediate Medical Care Telemetry Unit. A subsequent history and physical dictated on 4/11/09 by a physician noted that the resident had altered mental status, bacteremia, urinary tract infection, leukocytosis, and a febrile illness. Pneumonia was to be ruled out. Resident #3: The facility failed to have documented evidence that Resident #3 was monitored following noted changes of condition from the afternoon of 4/10/09 through the evening of 4/17/09 and from the evening of 4/17/09 through the afternoon of 4/19/09. Severity 3 Scope 1	Z230			
Z310 SS=D	NAC449.74493 Notification of Changes or Condition 1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when: (a) The patient has been injured in an accident and may require treatment from a physician; (b) The patient's physical, mental or psychosocial	Z310			

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Z310	<p>Continued From page 5</p> <p>health has deteriorated and resulted in medical complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to immediately notify the resident's responsible party of a change in condition for 1 of 4 residents (Resident #1). Cross reference Tag Z 230.</p> <p>Severity 2 Scope 1</p>	Z310			

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